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GOSSELIN'S CLINICAL LECTURES ON SURGERY 16 PAGES.

CLINICS.

CLINICAL LECTURES.

On Syphilitic Epilepsy. By M. CHARCOT, Professor of Pathology at the Faculty of Medicine, Paris, etc.

Partial or hemiplegic epilepsy is one of the most frequent affections attendant on cerebral syphilis. I have recently had an opportunity of treating several cases, and shall proceed to point out some special features connected with this form of the disease, and the rapid manner in which the bold administration of certain remedies will frequently triumph over it. The following case may serve as an introduction to my remarks:—

On the 18th December, 1874, I was

called in consultation to visit a gentleman, sc. 42. For several months he had laboured under a serious cerebral affection, which confined him to his bedroom. The patient counted the date of attack from the month of July, 1874. One day, while sitting at his desk, and without any premonitory symptoms whatsoever, he was seized with violent convulsive movements in the right leg. They lasted for a very brief time; the limb then became rigid, was elevated for a moment, and the patient fell unconscious on the floor. The attack was not repeated, and the patient was able to resume his duties as a banker's clerk. In the month of September following, while getting off an omnibus, he had a second attack, precisely similar to

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the former one, but the effects were more lasting, slight weakness of the right side and considerable confusion of the intellectual faculties remaining. The third attack took place in November of the same year. On this occasion the prodromata were of longer duration, and the patient was enabled to observe that the convulsive movements, followed by rigidity, commenced in the leg, and very soon afterwards extended to the arm. He soon fell insensible to the ground, but a bystander observed that the head was drawn to the right side, that the face on the same side was spasmodically affected, and that the whole right side of the body became finally convulsed. This access was attended by stertorous breathing; some disturbance of articulation and a sense of numbness in the right cheek; the last two remained for a few days, and then subsided.

The history of the case pointed towards syphilis, but no actual syphilitic lesion was discoverable. On going back further, however, some light was obtained. When 30 years of age the man had contracted indurated chancre, followed by roseola and other constitutional symptoms. He underwent the usual treatment for several months, and seemed to have been radically cured, as no recurrence had taken place during a period of ten years. Towards the end of 1873 the general health gave way. The patient fell into a state of cachexia, attended by a peculiar kind of headache. The pain was at first confined to a very limited spot on the temple, above the right eyebrow. It often extended, by nocturnal exacerbations, to the head and occiput.

This peculiar form of headache is especially worthy of note, as it has frequently been noticed by writers on syphilitic epilepsy.

My opinion as to the nature of the case was soon formed, and I recommended what we call the mixed course, viz., mercury and iodide. It appeared, however, that the patient had been submitted to the same treatment for the last twelve months, without permanent benefit. I was not discouraged on learning this, but concluded that we must make a more

vigorous attack by giving large doses of the remedy at short intervals. In two months great relief was obtained by mitigation of the leading symptoms, viz., headache, dyspepsia, and weakness of the limbs, while the epileptic attacks had ceased. The patient considered himself free from the disease. I saw him again at the end of 1876. Relapse had not taken place, and the patient, in outward appearance at least, seemed perfectly well.

Partial epilepsy, whether of syphilitic origin or not, generally commences by convulsive movements of the face or arms on one side of the body. An attack commencing in the lower extremity must, therefore, be regarded as exceptional. In some cases, moreover, the disease assumes the appearance of ordinary epilepsy, for the patient suddenly falls down in an unconscious state, followed by convulsions, which are more or less general in character. The imminence of the latter is constantly indicated by severe headache, confined to a limited spot on the side of the head. The pain quickly extends to the face and neck on the same side; but there are exceptions to this general rule, for in several cases I have observed that the premonitory headache occupied two points at the same time, one on the parietal, the other on the temporal region of the opposite side. In these cases the parietal pain was always seated on the side opposite to that of the convulsive movements. Another point to be noted is that the attacks very frequently set in towards evening. The manner of attack, and the succession of convulsive symptoms, are conformable to the rules established by Dr. Hughlings Jackson. That distinguished physician has observed that when the convulsive movements of partial epilepsy, commencing in the arm, tend to become more general, they attack the face before they extend to the leg. If the irregular movements have commenced in the face, the disease extends to the upper extremity first, and then to the legs. Lastly, if it be the lower extremity which is first attacked, the disorder of motor power is seen in the arm first, and then in the face. This constancy

in the order of succession is very remarkable, and appears to me calculated to throw light on various questions connected with physiology of disease.

Another point, illustrated by several of my cases, is this: The premonitory headache often occupies a circumscribed spot on one side of the head, while the convulsive movements appear on the other side of the body. This clinical fact is interesting, as it points to a relation between cause and effect; for we know that the cerebral surface which lies beneath the parietal bone, and especially the convolutions bounding the fissure of Rolando (the ascending parietal and frontal convolutions) constitute the motor zone which alone acts on the opposite side of the body, and when irritated produces a disturbance of motor power similar to that seen in partial epilepsy.

Circumscribed gummatous inflammation of the pia mater appears to be the pathological condition most frequently connected with partial syphilitic epilepsy. This has been pointed out by Todd, Echeverria, Lancereaux, and some other writers. It is, however, certain that several other forms of cerebral disease may be determined by this same gummatous meningitis. The variations, as we have good reason to believe, depend on the points of cerebral surface attacked. If we accept the theory founded on recent investigations, the gummatous patches in partial syphilitic epilepsy should be found on, or very near to, the ascending frontal or parietal convolutions. This has not yet been established by actual observation, but I feel confident that the proof is only delayed. So long as the disease has not become inveterate—so long, in a word, as there are intervals of freedom from attack, we are entitled to conclude that the cerebral substance had not been disorganized by the gummatous inflammation of the meninges. Upon this point and its clinical interpretation Dr. Hughlings Jackson has formed a very ingenious theory. To return, however, to therapeutic conclusions, I would insist on the necessity of having early recourse to energetic treatment in all cases of this kind, and not waiting until extension of the

superficial lesions has involved the deeper layers of the cerebral substance, for then secondary descending alteration of nerve-tissue will ensue, and the probable consequence will be irremediable and permanent hemiplegia.—*Medical Examiner*, March 8, 1877.

Epilepsy and Epileptic Vertigo.—Prof. BOUCHUT recently gave a clinical lecture on two cases of epilepsy (*Gaz. des Hôp.*, January 23 and 25) at the Hôpital des Enfants Malades, of which the following is an abstract:—

Epilepsy in children is of very frequent occurrence, and differs greatly both in its etiology and prognosis from epilepsy in adults. It shows itself in two forms—epileptic vertigo (or *petit mal*), and epileptic convulsion (or *grand mal*). Of the 118 cases which Prof. Bouchut has met with, thirty-six were examples of epileptic vertigo, and eighty-two of epileptic convulsion. *Epileptic vertigo* presents itself under the most varied forms. Always of short duration, there is a fugitive loss of consciousness of a few seconds or a minute, during which the face preserves its colour, the eyes are fixed and turned upwards, and the head is immovable, being sometimes thrown backwards or turned to the right. The arms cease to act without becoming convulsed or rigid, and the lower limbs are immovable. If the child is sitting, he does not move beyond bending forwards or on one side, and then recovering the vertical position, like one asleep while sitting. If standing, he may bend and recover himself in the same way, or remain motionless. Sometimes speech is cut short by the crisis, and is resumed after the interruption. In rare cases there is emission of the feces or urine. These vertigos, rare at first, become more and more frequent, and are often unperceived by reason of their short duration or of their occurring at night. They may occur only every month, fortnight, every day, or very many times in a day, so that in one case 180 were counted in one day. These crises may last for several months in this form, infinitely varied, and then pass into the regular epileptic convulsion. In other cases they

cease spontaneously or yield to treatment.

Convulsive epilepsy is characterized by sudden and violent convulsive paroxysms, or may be preceded by premonitory symptoms known as the *aura*. Numerous well-marked instances of this aura arising at the extremities are on record, which also show the influence of its destruction on the cure of the epilepsy, and the possibility of arresting a paroxysm by a ligature or forcible compression applied in the track of the aura. When this premonitory symptom does not exist, the instantaneousness of the attack is characteristic. There may be pallor of the face with blanched lips, or this may be red or violaceous, with black lips and swollen neck. To the ophthalmoscope the fundus of the eye is pale in the one case, while in the other its veins are very red and very dilated. The convulsive paroxysm may only last for some minutes, or, subsiding for a moment, it may recommence and thus continue for one or several hours. When a calm has at last become established, the child falls into a more or less comatose sleep, which lasts from one to three hours, awakening with a sense of excessive fatigue. It is rare for these epileptic paroxysms to recur several times in a day, and they usually reappear at irregular epochs; and when they do exceptionally occur periodically, this is especially in girls arrived at the age of puberty and at the menstrual period.

The diagnosis of epileptic vertigo is easy, but the convulsive form may be often confounded with eclampsia, and in girls, with hystero-epilepsy. The mere accidents of the attack do not enable us to distinguish *eclampsia* from epilepsy, our diagnosis being derived from the accessory circumstances of the onset and the return of the convulsions. When the convulsion comes on suddenly and is followed by fever, it is *eclampsia*, and is the indication of a pneumonia, angina, eruptive fever, or other acute malady. When albuminuric oedema is present, it is also *eclampsia*, due rather to cerebral oedema than to *uræmia*. So also when the convulsion is the result of heat, the overcrowding of children, or indigestible aliments, it is due

to *eclampsia*; as it is when it comes on without known cause, in a passing manner and without ulterior repetition. So similar are the intrinsic phenomena of the two diseases, that *eclampsia* might almost be termed a fugitive epilepsy. In distinguishing *hysteria* from epilepsy, the form of the convulsive accidents has to be taken more into account. Thus, when the loss of consciousness is not very complete, when there is some amount of recollection, and when the attack is announced by some intimate sensation other than *aura*, and is accompanied or followed by a sense of choking, and cries and laughter, with analgesia or cutaneous anaesthesia, it is *hysteria*; but when, as in some cases, there is absolute loss of consciousness, without tears or laughter, and profound sleep after the attack, it is *hystero-epilepsy*. This form is not very frequent in children, and affects chiefly girls after their twelfth year. One point is always a difficult one in the diagnosis of epilepsy—the decision as to whether the disease is essential (*i. e.*, caused by a temporary disturbance of the cerebro-spinal circulation), or whether it is symptomatic of an organic nervous lesion. This difficulty has, however, almost ceased to be one since Prof. Bouchut's researches in cerebro-scopy, which are described at length in his recently published *Atlas d'Ophthalmoscopie Médicale et de Crâneoscopy*. If with the convulsions there is papillary oedema, with hyperæmia, neuro-retinitis, or tubercles of the choroid, the epilepsy is certainly dependent upon a cerebral or spinal sclerosis, a partial encephalitis, or some deposit in the nervous substance. If there is no changed condition found in the fundus of the eye, we may believe (without, however, being quite certain) that the epilepsy will only prove temporary.

After a disquisition on the reflex and direct causes of epilepsy, for which we have not space, Prof. Bouchut passes to the prognosis, which he observes is very different in children and adults. Before the age of fifteen epilepsy is generally curable; and the aphorism of Hippocrates, that the epilepsy of childhood is cured after puberty, is entirely true. That it is

so probably arises from the fact that the majority of such epilepsies have their origin in the second dentition, when the teeth of a man are placed in the jaws of a child. After puberty they more easily assume their proper places, and the epilepsy ceases with the reflex action which produced it. Epilepsy from direct causes, as from sclerosis or other cerebral or spinal lesion, however, calls for a very different prognosis from those of reflex origin, for although they are sometimes ameliorated they are rarely cured.

In the treatment of epilepsy, wherever there is an aura we should endeavour to destroy it, as arrest of the attacks has been proved to follow the disappearance of this peripheral neuralgia. Thus, deep cauterization in neuralgia of a branch of the intercostal nerve cured the epilepsy in two cases. When the epilepsy is dependent on worms, appropriate vermicides must be had recourse to; and the dyspepsia with which it is sometimes connected in children should be met by a vegetable and milk regimen, pepsin, small doses of bicarbonate of soda, the waters of Plombières, etc. In irregular second dentition, the removal of teeth which are too long in falling is often attended with advantage. Besides the rational treatment of causes, we may have recourse to antispasmodics which regulate the movements of the capillary circulation, such as belladonna, bromide of potassium, oxide of zinc, ether, chloroform, etc.; but of all these none possesses the same efficacy as the bromide. It may be given united with belladonna in the following formula, but it is upon the bromide that we should chiefly rely; Simple syrup 240, syrup of belladonna 60, and bromide of potassium 20 parts; of this doses of one gramme may be given two, three, four, and even to six times in the day, according to the case. The bromide does not in children produce the ill effects which it sometimes does in the adult, only accidents that have been observed, even in doses of six, eight, or ten grammes per diem, prolonged for some time, being stupor and hebetude, which disappear on diminishing the dose. If it be given in reflex epilepsy, in progressive doses of three or four grammes to children

from five to nine years, and of from four to ten grammes to children of ten to fourteen, most of the cases will be cured. When the epilepsy arises from an organic cause, the most that can be done is to render the attacks less frequent. The application of cold externally by means of frequent douches is a useful auxiliary, tending by the cutaneous revulsion it induces to restore the equilibrium of the capillary circulation.—*Med. Times and Gaz.*, March 3, 1877.

HOSPITAL NOTES AND GLEANINGS.

Case of Intussusception successfully treated by Inflation.—On Dec. 14th, a male child, aged six months, was taken to the North Dispensary, Liverpool, and placed under the care of Mr. T. D. RANSFORD. Just before six o'clock on the previous evening the mother was dandling the child (which seemed at the time quite well and in good spirits, and had not presented any signs of diarrhoea or intestinal disturbance) on her knee. Quite suddenly the baby became pale and seemed in great pain, and broke out into a cold, clammy sweat. At half-past six it passed a blood-stained motion. All night the child was very restless, and got no sleep until 2 o'clock in the morning; it then slept one hour, and then passed blood again, while vomiting had been almost constant from the beginning.

When seen at the dispensary, the child seemed to suffer much from paroxysms of pain, during which he cried out and was very restless; the abdomen was flaccid and not painful on pressure, and an indistinct rounded mass was felt in the left hypochondriac region. He was taken to the Northern Hospital to be treated as an in-patient, but the mother would not consent. Here he was again examined, and as no other abdominal tumour could now be felt, and a rectal examination elicited very different opinions, the diagnosis of intussusception was considered doubtful. Nevertheless an injection of olive oil was tried; this was followed by no other effect than the passage of some clotted blood. The child was then sent home, where it was seen

shortly afterwards, and a drop and a quarter of tincture of opium given every six hours.

The child passed a tolerable night up to two o'clock, and passed no more blood; but next day the vomiting and pain continued unabated, and the obstruction seemed to be quite complete. Temperature in rectum 100.4°; pulse 186. At 8.30 P. M. the rectum was examined and found empty, but when the child strained something was felt to impinge upon the finger. The finger was stained with blood and mucus, but there was no trace of feces. Although the child had not vomited since the morning, vomiting occurred during the rectal examination. With the assistance of Dr. Cormac, inflation by bellows was practised for about twenty minutes, some air escaping per anum at each action of the bellows. The child passed about a tablespoonful of blood and mucus when the nozzle of the bellows was withdrawn.

Dec. 16.—The mother states that since the inflation the child has been easier, the vomiting has not returned and at five o'clock this morning he passed a liquid motion free from blood. Flatus has been passed in abundance, and he has had a good night. Child seems nearly free from pain. On digital examination, the rectum offered nothing abnormal, but was found full of feces, which passed in abundance on withdrawing the finger. Takes the breast well. Temperature in rectum 100.2°; pulse 128. For a day or two the opium was continued, with the object of keeping the bowels quiet and of relieving pain, for which hot fomentations were also applied. By the end of the second day everything was left off, and when the child was seen for the last time, on the 22d of December, the mother said he was well as ever, with the exception of being a little pale.

Remarks.—In this case the diagnosis of intussusception was doubted by some, because no abdominal tumour was felt; but West says "it happens in at least a large number of instances that the most careful examination fails to detect anything unnatural." It was also said that the absence of abdominal tenderness contraindicated intussusception; but Bris-

tow says there is "not necessarily any abdominal tenderness—indeed the patient often finds relief, as in colic, from pressure on the abdominal parieties." But the sudden attack in a previously healthy child seems diagnostic. Nothing else than intussusception could bring on total and sudden obstruction of the bowels, with early passage of blood and paroxysmal pain, in a baby six months old.

As to the treatment, every one will agree that an attempt to reduce the intussusception, either by inflation, or injection, or position, is to be made before other chances are taken into consideration; but, if these fail, is it justifiable to urge abdominal section? In this case the mother was told that if the bowel could not be got back, an operation might be necessary, but that it could not be said that the child was certain to die if it were not done; for although Hutchinson has stated that in cases of intussusception of the large intestine he had never seen a recovery take place, yet Bristow states that "the results of the separation of the slough seem favourable in about half the total number of cases;" and as to the published statistics of the operation, they are very little to be trusted, for all the successful cases are certain to be published, while many of the unsuccessful cases are not. In a review of the subject, in the *Lancet*, some months since, eighteen cases are said to have been recorded, with eight recoveries. One thing seems certain, that unless an operation is done early in the acute cases, it is better to trust to cure by the bowel sloughing, for in one case of abdominal section which Mr. Ransford saw in a child, the intussusception could not be reduced, and the operation did no good. In the chronic cases death seems to take place from exhaustion, often before any inflammation or sloughing has taken place; and in this class no doubt abdominal section gives a very fair chance of recovery a long time after the symptoms have set in, as the cases of Messrs. Hutchinson, Marsh, and Howe prove.—*Lancet*, Feb. 24, 1877.

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Chorea treated by Strychnia and Ether-Spray.—Dr. J. MAGEE FINNY reported to

the Medical Society of the College of Physicians of Ireland (*British Med. Journal*, Jan. 6, 1877) four cases treated by these means. Case I. was one of severe chorea in a boy aged 18, without any history of rheumatism or of cardiac disease. The treatment by sulphate of strychnia, administered as recommended by Hammond (*Diseases of the Nervous System*, sixth edition, page 720), and by ether-spray along the back, was commenced a fortnight after the illness began. Immediate benefit was followed by recovery in fifteen days. The total duration of illness was, therefore, four weeks and one day. Case II. was one of severe primary bilateral chorea in a girl aged 11, without history of rheumatism or of cardiac disease. Improvement set in after four days' treatment; cure was complete in twenty-five days. The total duration of illness was six weeks and three days. Case III. was one of severe primary bilateral chorea in a boy aged 9; no rheumatism or cardiac complication. Improvement took place, but he left hospital before he was cured. Case IV. was one of chronic chorea, with relapses, in a young lady aged 15. The treatment led to considerable improvement in a week. The treatment of chorea ought to fulfil two indications: to shorten its duration, and to temper and moderate the more distressing symptoms; and, should it fulfil these, it deserves to be valued as useful. Reviewing the foregoing cases, the author would say of strychnia that, in the two cases in which its administration was fully and regularly carried out, it fulfilled the first indication by shortening the disease, and in those cases it rapidly alleviated the symptoms and quieted the movements. As far, therefore, as these cases go, strychnia proved to be well suited and the proper treatment. To come to any definite general conclusion on such a subject, without much and extended observation, would be in the highest degree reprehensible; but it is also the more the duty of each clinical observer to record the results of his experience.

Dr. MACSWINEY referred to recent theories as to the pathology of chorea. Dr. Dickinson found in twenty-two fatal cases

that there was universally present a dilated condition of the bloodvessels of the brain and spinal cord, and in many cases effusion of blood into the brain and spinal cord. The relationship between chorea and rheumatism was very remarkable. If the dilatation theory were correct, the efficacy of the cold of ether-spray and the peculiar therapeutic effect of strychnine could be understood. It had been recently stated that there were grounds for believing that hypermetropia occurred in all cases of chorea, and that the cure of the chorea could be effected by using glasses to correct the hypermetropia.

A Case of Lithotripsy where Nitric Acid Injections were employed.—The solvent action of nitric acid upon the *débris* of a phosphatic calculus was well illustrated in the following case, which in many respects is similar to one recorded by the late Mr. Southam, of Manchester, and alluded to by Dr. W. Roberts in his *Observations on the Solvent Treatment of Phosphatic Calculi. (On Urinary and Renal Diseases, second edition.)*

William C., a police officer, aged 45, was admitted into the Liverpool Royal Infirmary, under my care, on March 9th, 1875. The patient had recently been under the observation of my friend Dr. J. S. Clarke, who, having diagnosed the existence of a stone in the bladder, advised his admission into the infirmary.

Upon examination, I found a single stone, rounded and having a diameter of two inches and a quarter. The urine was alkaline, and contained pus. Though the stone was large, I deemed the case not unfavourable for lithotripsy. The patient required some preparatory treatment, and I was not able to commence lithotripsy till April 5th. I repeated the crushings during April and May twelve times.

The patient never experienced any unfavourable symptom, and a very considerable quantity of broken-up stone was passed. As in Mr. Southam's case, to which I have alluded, it appeared to me that fresh phosphatic depositions were taking place almost as fast as the others were removed. I resolved, therefore, to use nitric acid injections.

On May 27th (two days after a crushing), I had the urine of twenty-four hours' collection. This was analyzed by Dr. J. Campbell Brown, who gave me the following report: The quantity of urine submitted to analysis was sixty ounces; this was found to contain 74.029 grains of phosphoric acid as alkaline earthy phosphates; 250.516 grains of phosphoric acid as alkaline phosphates; in all, 824.545 grains of phosphoric acid passed in twenty-four hours. On the termination of this twenty-four hours, I injected into the bladder half a pint of tepid water with two drachms of diluted nitric acid.

All the urine passed during the subsequent twenty-four hours was kept and analyzed by Dr. Brown, with the following result: The quantity of urine submitted to analysis was seventy-eight ounces; this was found to contain 96.237 grains of phosphoric acid as alkaline earthy phosphates; 461.94 grains of phosphoric acid as alkaline phosphates; total, 558.177 grains of phosphoric acid passed in twenty-four hours.

Thus it appears that not only was a larger quantity of phosphate of lime and magnesia dissolved in the urine after treatment with nitric acid, but there was a still greater increase in the quantity of phosphoric acid passed in the form of alkaline phosphates. It is to be noticed that the quantity of urine on the day after treatment was greater than on the day before; and that, if, instead of estimating the total phosphates, we estimate the percentage of phosphates in the urine, we find that the percentage of alkaline earthy phosphates was very nearly the same after as before treatment, namely, increased from 0.272 to 0.282, and that the percentage of alkaline phosphates was increased from 0.95 to 1.35. But the absolute increase of phosphates is much more marked.

On nine subsequent occasions the lithotrite was employed, and, on every second or third day afterwards, the bladder was injected as before with nitric acid in tepid water. Further observations, though made in a rougher manner, showed the increase of the alkaline phosphates after each injection; it was also noticed that

the fragments passed were much more finely triturated than previously.

Under this treatment the patient made a good recovery, and left the infirmary quite well on June 21st. The total quantity of broken-up stone collected weighed four drachms. The use of the acid appeared to me at once to stop any further deposition of phosphates, and to facilitate the removal of the pieces as they were broken up by the lithotrite.

Dr. Roberts concluded his observations on Mr. Southam's case with the remark (*op. cit.*, p. 313): "This method is evidently capable of wider application than is now made of it by surgeons."—*British Med. Journal*, Jan. 6, 1877.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Lister's Antiseptic Method.—Dr. J. S. BILLINGS, of the U. S. Army, in a lecture (*Med. Record*, March 8, 1877) delivered in Baltimore shortly after his return from Europe, spoke of the antiseptic method as follows:—

"I was acquainted with Mr. Lister's teaching before visiting Europe, and assented to them in a theoretical sort of way; but at the same time I looked upon the antiseptic method as being the latest fashion, and therefore probably overpraised. But after learning the result of its employment in the hospitals at Bonn, Leipzig, Berlin, and in certain wards in London, and especially after an examination of Mr. Lister's wards in the Royal Infirmary at Edinburgh, and seeing the cases dressed in all stages after operations—operations such as opening the knee-joint, or upon abscesses of spinal origin—I came to the conclusion that this method is the most important contribution to our resources in surgery which has been made since the discovery of anesthesia. Not that the details of the method are perfected, for probably much may yet be done to simplify it, and we may perhaps discover a better material for the purpose than carbolic acid; but we now may be said to know positively, instead of merely conjecturing, that the process of putrefaction is due to minute

solid and semi-solid particles floating in the air, and that Mr. Lister has devised a method by which these particles can either be kept out of a wound made by the surgeon, or by which they will have their power of producing the putrefactive change destroyed, is, I think, beyond doubt.

"The fact that the various changes in organic matter which we know as fermentations, putrefactions, etc., are due to minute organisms, which organisms are not spontaneously developed, but arise from similar organisms only, is one of great importance in hospital management."

Improved Adhesive Plaster.—With a view to overcome the disadvantages of the common adhesive plaster Dr. MARTIN, of Roxbury, has devised (*Boston Med. and Surgical Journal*, March 8, 1877) an improved plaster composed of India rubber and Burgundy pitch in about equal proportions, a very small amount of some other gum-resins and less essential substances, introduced chiefly for convenience of manipulation. The adhesive compound is spread upon a strong drilling cloth, and presents the following important advantages; it contains no solvent whatever, and hence can be used with impunity upon the most sensitive skin. When brought into apposition with the skin, it adheres at once and at all temperatures, without the application of heat, and instead of losing its hold after a while, it clings with increased tenacity, not becoming detached or loosened, even when the parts around it are bathed with cold or tepid water. This peculiar adhesiveness and the strength of the cloth upon which it is spread constitute its chief advantages. Experiments are being made with a view to applying the adhesive compound to water-proof cloth, applicable to certain surgical exigencies; and if these attempts are successful, the last desideratum will have been met.

Honours to American Physicians.—At the meeting of the Obstetrical Society of London, held on the 7th of February, Dr. E. R. Peaslee, of New York, was elected

Honorary Fellow, and Drs. William Goodell, of Philadelphia, and Horatio R. Storer, of Boston, were elected Corresponding Fellows.

Medical Graduates in 1876.

University of Pennsylvania	121
Jefferson Medical College (Phila.) . .	198
Coll. of Phys. and Surgeons, N. Y. . .	118
Bellevue Hospital Med. Coll., N. Y. .	147
University of the City of New York .	157
Rush Medical College, Chicago	108
Missouri Medical College	65
St. Louis Medical College	51
Medical College of Ohio (Cincinnati) .	80
Albany Medical College	38
Buffalo Medical College	30
Coll. of Phys. and Surgeons, Ind. . . .	23
Medical College of Indiana	22

OBITUARY RECORD.—In New York, March 6th, GURLON BUCK, M.D., aged seventy years

Dr. Buck is perhaps best known to the profession by his advocacy of the weight and pulley treatment of fractures of the thigh, and by his contributions to plastic surgery.

— at Boston, on the 19th of February, aged 56 years, CHARLES E. BUCKINGHAM, M.D., Professor of Obstetrics and Medical Jurisprudence in Harvard University.

FOREIGN INTELLIGENCE.

Relief of Pain by the Outward Application of Hydrate of Chloral.—Dr. W. B. KESTEVEN (*Lancet*, Feb. 10, 1877) calls attention to the benefit to be derived in the relief of pain by the external application of hydrate of chloral, for the knowledge of which he is indebted to his friend Dr. T. S. Dowse, of the Central London Sick Asylum, Highgate. The vast field that is afforded by these metropolitan institutions for the cultivation of practical medicine is not neglected by Dr. Dowse, but is turned by him to good account. The results of the trial of hydrate of chloral as an external application have lately been given. Dr. Kesteven adds his experience of this mode of using this drug, in order that it may become more widely known.

He has tried it with great success in neuralgic pains and in cancer of the breast, in cases in which other sedatives and narcotics have failed to give relief.

The mode of application is by the saturation of folds of lint of the size of the part to which it is to be used, brought into close contact, then covered with three or four layers of lint covered with oil-silk or spongio-piline wrung out of hot water. The application to raw surfaces, of course, requires some care in manipulation.

The strength of the solution is about four drachms to sixteen ounces of water. The addition of a small quantity of glycerine is advantageous. Chloride of zinc or perchloride of iron can be combined with the chloral in certain cases.

Salicylic Acid.—M. A. ROBIN asserts, in a communication to the Biological Society of Paris, that, in typhoid fever, salicylic acid almost constantly diminishes the quantity of urine excreted, and the quantity of indican increases under its use; moreover, it produces ulceration of the back of the throat, and even consecutive edematous inflammation of the larynx. He recommends very dilute solutions in typhoid fever, for fear of arresting the flow of urine. He had observed a buzzing in the ears as the result of the use of salicylic acid. M. Leven is opposed to the use of this substance in typhoid fever. Powerless in small doses, it causes serious troubles in the digestive system, which are especially dangerous in that disease. M. Lepine finds, also, that the acid is very slightly excreted in typhoid, and that it produces a buzzing in the ears, but less intensely and less constantly than with quinine. Valuable in some cases of acute rheumatism, it renders no service in typhoid fever.—*British Med. Journal*, Feb. 10, 1877.

Cantharidian Cystitis.—Under this title Dr. Vézien gives (*Rev. Médicale*, Feb. 12) an account in the *Journal de Pharmacie d'Algier* of an affection of the genito-urinary organs, which he says the military surgeons are familiar with among the soldiers in Algeria. It has been commonly termed by them urethritis, but it

is really a cantharidian cystitis, easily recognizable by its symptoms. Its origin is a curious one, it being produced by eating the flesh of frogs, which in the months of May and June feed almost exclusively upon vesicant insects belonging to the tribe of cantharides. The irritating properties of these coleoptera are found in the flesh of the frog, which in a certain number of instances produces this affection in those who partake of this food.—*Med. Times and Gaz.*, March 8, 1877.

Scrofulous Ulcers: Red-Lead and Cinnabar Plaster.—In his wards at the hospital of Saint-Louis, M. VIDAL has for several years made use of a plaster which he considers very efficacious in cleansing the greater number of ulcers and scrofulous sores. Its composition is as follows: Diachylon plaster, 26 parts; red-lead, 2.50 parts; cinnabar, 1.50 parts.

These ingredients are thoroughly mixed and spread upon a piece of calico like an ordinary diachylon plaster; small pieces of the plaster are used a little larger than is sufficient to cover the ulcer. It is a very appropriate mode of treatment, and may be easily employed for a long time. M. Vidal recommends it strongly.—*London Med. Record*, Feb. 15, 1877.

Ovariotomy at the Samaritan Hospital.—The year 1876 has been the most successful on record at the Free Samaritan Hospital—the operation of ovariotomy having been performed fifty-five times with only five deaths. Forty of these were performed by Mr. Spencer Wells, with four deaths; seven by Mr. Bantock, with one death; and eight by Mr. Knowsley Thornton, without a death. The fifty-five cases include many in which both ovaries were found diseased and removed; and many of the operations were most formidable from the nature and extent of the adhesions. No case in which the diagnosis of ovarian tumour was made was refused the operation, however bad the prognosis, provided the patient still wished to have the last chance when the extra danger of her case had been fully explained to her. We believe these are the best results yet published, either in hospital or private

practice; and if there are any members of the profession who still have doubts as to the advisability of ovariotomy, we commend these cases to their consideration.—*Med. Times and Gaz.*, Feb. 17, 1877.

more exposed to its contagion, have, with but few exceptions, enjoyed complete immunity from its attacks. These exceptions were cases of nurses or servants whose revaccination, in the pressure of the epidemic, was overlooked, and who speedily took the disease; and one case was that of a nurse who, having had smallpox previously, was not revaccinated, and took the disease a second time." Revaccination is to the general public what the safety-lamp is to the miner; it affords a protection which only exceptional circumstances render ineffectual.—*Med. Times and Gaz.*, Feb. 10, 1877.

The Protective Results of Revaccination.
—The following facts should be considered sufficient to establish the importance of revaccination in the minds of those few who may still have any lurking doubts on the subject. Dr. GAYTON, Medical Superintendent of the Smallpox Hospital at Homerton, reports under date January 30 last: "During the present epidemic, fifty-six fresh servants have been engaged here; of these, twenty-seven had previously suffered from smallpox, and twenty-eight were revaccinated on taking office. One who was, unfortunately, not reported to me, and who had neither been vaccinated since infancy nor previously had smallpox, speedily contracted it. With this exception, our staff has enjoyed perfect immunity." Dr. COLLIE, Medical Superintendent of the Fever Hospital at Homerton (now devoted to smallpox patients), says, in his report dated January 31 last: "About twenty-five persons in the service of this Asylum have been revaccinated during the present epidemic. None of these have contracted smallpox." This recent testimony confirms the report which was presented by a committee to the Metropolitan District Asylum Board in 1872, in which it was stated that "the necessity of revaccination, when the protective power of the primary vaccination has to a great extent passed away, cannot be too strongly urged. No greater argument to prove the efficacy of this precaution can be adduced than the fact that of upwards of 14,800 cases received into the hospitals, only four well-authenticated cases were treated in which revaccination had been properly performed, and these were light attacks. Further, conclusive evidence is afforded by the fact that all the nurses and servants of the hospitals, at one time to the number of upwards of 300, who were hourly brought into contact with the disease, who constantly breathed its atmosphere, and than whom none could be

A Smoker's Disease. — M. MAURIAC, Surgeon of the Hôpital du Midi, has just added another to the special diseases of smokers. He has described, under the title of *plaque des fumeurs*, a morbid change of the mucous membrane of the tongue and mouth, a special psoriasis. This lesion may degenerate into epithelioma; and, according to M. Mauriac, cancer of the lips and tongue has often no other origin than this. Both are common among men, and *very rare*, as might be supposed, among women.—*London Med. Record*, Feb. 15, 1877.

On the Use of the Ophthalmoscope in Nervous Diseases.—For fourteen years it appears that M. BOUCHUT has reviewed in the month of December his ophthalmoscopic work at the Children's Hospital, Paris. In a clinical lecture reported in the *Gazette des Hôpitaux*, January 4, he gives the first part of his review for 1876. The record of cases is exceedingly valuable, but we venture to doubt whether these or any other cases will justify the extraordinary pretensions which M. Bouchut makes for ophthalmoscopy in a diagnostic point of view. We do not wish to dispute M. Bouchut's claim to having at least largely helped to diffuse the knowledge and employment of this mode of research, but what can be thought of the following paragraph? "To-day the cranial cavity is no longer closed to observation as it was in the olden time, before the first works which I published in

1862." "*That which occurs in the meninges, in the brain, and in the spinal cord, can be recognized in the fundus of the eye by alterations visible with the ophthalmoscope.*" "We can, from a physical phenomenon observed in the eye, draw conclusions as to a cerebro-spinal alteration, just as from a cardiac or pulmonary murmur we can deduce this or that lesion of the heart or the lungs."

To begin with, the cranial cavity was not absolutely closed to observation before the year 1862. M. Bouchut has devoted himself to children's diseases. Let us take one of the most insidious of the nervous diseases of children—viz., tubercular meningitis. A Scotch physician (Dr. Robert Whytt) had come to a very shrewd diagnosis, and written a clinical account of this disease, which has never been surpassed, more than ninety years before M. Bouchut began his ophthalmic expositions. But has M. Bouchut so completely opened up the cranial cavity to observation? Let us consider the significance of one, and that the most important, of the ophthalmoscopic appearances observed in diseases of the cerebro-spinal system—viz., optic neuritis. Surely Dr. Hughlings-Jackson's dictum ("double optic neuritis generally means 'coarse' disease within the skull") embraces all that we are justified in concluding when we find this condition in any given case. Nobody has insisted more strongly than Dr. Jackson that optic neuritis does not help us more than this. We neither learn from it the nature of the change, nor the locality of the change; and the mechanism of the connection between optic neuritis and coarse cerebral disease is still inexplicable. There are, indeed, most important limitations to the dictum itself. Firstly, the neuritis may be idiopathic, or, at all events, unassociated with any cerebral disease to be discovered post-mortem. In a case of Mr. Brudenell Carter's there were typical choked disks, but post-mortem examination disclosed the existence of kidney disease, and no brain disease at all. Secondly, when optic neuritis and cerebral disease are associated, the latter is not always coarse—tubercular meningitis, for instance.

Thirdly, there may be "coarse" cerebral disease without optic neuritis (*vide Dr. Hughlings-Jackson, Ophthalmic Hospital Reports, May, 1876*). Similar remarks might be made on other ophthalmoscopic phenomena. For example, we recently saw post-mortem a well-marked case of tubercle of the choroid in a patient who, though manifesting abundant miliary tubercle in the abdomen and thorax, had none in the brain or its membranes. But if we are greatly in the dark about their interpretation in cerebral diseases, how little do ophthalmoscopic changes teach us respecting the nature of spinal-cord disease! Suppose M. Bouchut finds atrophy of the optic nerve in a case of locomotor ataxy, how much does that positively teach him as to the extent and position of the lesion? To dogmatize on the results of a method of research which is still in its infancy appears to us only calculated to discredit it altogether. But to whatever perfection ophthalmoscopy may be brought, neither the ophthalmoscope nor any other instrument will free us from the necessity of considering any given case in its clinical entirety—the symptoms and the history as well as the signs.—*Medical Times and Gaz.*, Feb. 17, 1877.

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One-sided Deafness in relation to Military Service.—At a recent meeting of the Medical Society of the Vienna Garrison (*Feldarzt*, December 12), Prof. POLITZER was invited to give his opinion as to whether one-sided deafness should act as a disqualification for active military service, which it does in the German army. In reply, he observed first, that persons who were partially or totally deaf on one side, very frequently heard just as well, especially at long distances, as those whose ears were in quite a normal state. But this one-sided deafness is connected with an anomaly in hearing which is of the highest importance—that is, it is accompanied by an impossibility of judging of the direction of sound. Even in the normal condition of the organ of hearing, the power of judging of this is possessed only in an imperfect degree; for the distinguishing the direction of the sound is no

set of the sensation itself, but is the result of our judgment, based on preceding experience. The source of sound will be referred to the right or left accordingly as the sound strikes the one or other ear more forcibly; but our judgment as to its direction becomes entirely uncertain if both ears are in the same position as regards the source of sound—when we are frequently unable to decide whether the sound comes from before or behind. Prof. Politzer having observed that so many persons suffering from diseases of the ear not only were not able to indicate the direction of the source of sound, but frequently referred it to quite the opposite of the reality, instituted some experiments. He found that if a loud-ticking watch be held over the vertex of a person with closed eyes, and moved over the head from before backwards, he will not be able to state with certainty whether the watch is in front, above, or behind. Whenever he closes one ear, the sound of the ticking is immediately transferred to the side of the open ear. Although our judgment concerning the direction of the source of sound is greatly assisted by the sense of sight, yet, even with this aid, the decision on the point will be surprisingly altered if one ear be closed. When this is done, the ticking of the watch placed over the vertex, even if its position be seen, will be projected in the direction of the unclosed ear. From these and other experiments, Prof. Politzer concludes that our judgment concerning the direction of sound can only be determined by binauricular hearing, and even with this we are not always able to be certain. Similar results followed trials with speaking. Most surprising were the errors made in well-marked one-sided deafness. Even with the greatest attention the subjects of this were often unable to detect the direction of the sound until they saw the object producing it, or had acquired the knowledge by frequent change of position of the head. This was very remarkable in the hunting-field, when the sounds were often supposed to come from the opposite direction, if the deaf ear was turned towards the spot whence the sound came.

From the foregoing it results that the

exemption of persons with one-sided deafness from active military service is amply justified. It is evident that the placing such persons as outposts on a dark night might give rise to dangerous consequences.

—*Med. Times and Gaz.*, Feb. 10, 1877.

Action of Metals in Anesthesia.—At the meeting of the Biological Society, January 18, Prof. Charcot gave an account of some experiments now carrying on at the Salpêtrière, with the aid of M. Burq. It is well known, he observed, that in hysterical patients one side of the body is often struck with anesthesia, which is not transitory, but permanent. Now, if in a certain number of such cases a twenty-franc gold coin or two be placed on some part of the anesthetized side, it will induce in fifteen or twenty minutes a return of sensibility throughout a zone extending from five to ten centimetres above and below the points on which such coins have been placed; and this sensibility will persist throughout a whole day. In other hysterical subjects gold produces no such effect, and copper requires to be employed, while in others it is zinc; but it is gold which most frequently so operates. One day, M. Charcot, wishing to show those who accompanied him how evident the hemi-anesthesia was in a hysterical patient, traversed the length of her arm with a long needle. The patient uttered a terrible cry, and it was then ascertained that M. Burq had applied the metal to her arm the same morning. Not only does the sensibility return, but there is an elevation of temperature, and the dynamometer indicates an increase of force. The return of sensibility does not take place suddenly, the patient feeling first by cross-purposes, e. g., ice will feel like a hot body. It is well known that hysterical anesthesia disappears under the influence of faradization, and it may be asked whether these metallic applications give rise to a simple electrical phenomenon. This is a question which will be decided by an investigation by physical and physiological experts which is now being made. However this may be, the fact itself has been proved in the plainest manner. Without adopting M. Burq's views on what he calls metallo-

therapeutics, Prof. Charcot acknowledges that his point of departure is perfectly exact. He added, that the metals act not only on the anesthesia of the hysterical, but furnish absolutely the same results when this is due to organic causes, i.e., dependent on cerebral lesion.—*Med. Times and Gaz.*, Jan. 27, 1877.

Cases of Retarded Putrefaction and Prolonged Rigor Mortis.—M. TARCHINI BONFANTI records two remarkable cases of retarded putrefaction and prolonged rigor mortis that fell under his observation in Milan. Two women were found with their heads battered in, and who had died with profuse hemorrhage. Rigor mortis was fully developed, and little or no putrefaction, and he and several other surgeons and physicians at first believed that not more than thirty-six hours could have elapsed since death had taken place. On consideration, however, it occurred to him that the temperature had been persistently low (50° to 54° Fahr.), the atmosphere dry, the air in the rooms had been but little changed in consequence of the windows and doors being closed, and the amount of light admitted was small. The bodies were lying on a Dutch-tiled floor, were extremely exsanguine, contained very little food in the digestive tract, and the death had evidently been sudden. The mistress was old and tolerably well-nourished, the servant thin and young. From these circumstances, all of which were favourable to the prolongation of the state of rigor mortis and the prevention of putrefaction, M. Tarchini Bonfanti arrived at the conclusion that a longer period than thirty-six hours had probably elapsed, and they might have remained in the condition in which they were found for seventy-two hours, or three days, or even longer. On the trial of the assassin it proved that death in the above cases had taken place four days and a half prior to the discovery of the bodies. The cases are important from a medico-legal point of view, as showing the caution that should be exercised in pronouncing upon the date of death from the presence of rigor mortis and the absence of putrefaction.—*Lancet*, Feb. 10, 1874.

Influence of Coloured Lights on Maniacs.—Dr. TAGUET, Physician to the Asylum of Ville-Evrard, has experimentally investigated the sensational statements of Dr. Ponza as to the influence of coloured light in subduing the violence of mania. In a room whose windows were of blue glass, and whose walls were painted the same colour, a patient labouring under strong maniacal excitement was placed for three hours. The light seemed to fatigue him as he kept his eyelids closed during most of the time, but no calming tendency was apparent. For several days the experiment was continued, but with negative results. The second case was one of acute mania with refusal to take food, etc.; there was no improvement. A number of others were tried, including some hysterical patients, but in all cases the light seemed to weary rather than soothe them. The Director-General of the Asylum at Moscow has given a full trial to the new treatment, but without the slightest result.—*Dublin Journal of Med. Sci.*, Jan. 1877, from *Annales Médiico-Psychologiques*.

Deaths from Chloroform.—Mr. J. H. WILSON, of Peterborough, records (*Lancet*, Feb. 10, 1877) a case of this after the inhalation of two drachms of the anesthetic, by a man aged 52 years, suffering from strangulated inguinal hernia.

The *British Medical Journal* for January 20 reports a case which occurred the preceding week at University College Hospital. The anesthetic was taken for removal of a piece of carious bone from the stump of an arm. The patient had taken ether safely at a previous operation.

The same journal for the succeeding week contains the reports of two more cases. One occurred at the Wolverhampton and Staffordshire General Hospital, the chloroform having been inhaled prior to the amputation of a fractured fore-finger; the other case was that of a lady who was to undergo an operation for removal of a tumour from the throat.

A New Poison.—At the meeting of the Academy of Sciences of the 7th inst., a new poison was presented by M. Vulpian

for MM. Ernest Hardy and Gallois. It is named inca, and is a heart-poison already studied in France by MM. Pollaillon and Carville, and in England by Dr. Fraser. Like digitaline, but in a stronger degree, it kills frogs and other animals, the heart being in systole. The discoverers scarcely know as yet how to class it, but they are convinced that it is not an alkaloid.—*British Med. Journ.*, Feb. 24, 1877.

A Catalogue of Works on Naval and Military Medicine.—Dr. FRIEDRICH FRAENKEL, of Glogau, a German army surgeon, is issuing a systematic catalogue of every work which deals with the relations of medicine to the requirements of soldiers and seamen, in the hope that it may be of service to those who are engaged in literary work connected with these subjects. It appears under the title of "Bibliotheca Medicinae Militaris et Navalis: contributions to the literature of military and naval medicine," and is published by Gutmann, of Berlin. It is appearing in parts, in which the works are arranged (a) alphabetically according to the authors' names, and (b) according to the subjects. Dr. Fraenkel desires the co-operation of all writers on military hygiene, etc., librarians, societies, and others, in completing the catalogue; and any works which may be forwarded to him will be returned within a short period.—*Med. Times and Gaz.*, Jan. 6, 1877.

German Surgical Chairs.—Prof. CZERNY, of Freiburg, has been called to Heidelberg to occupy the Professorship of Surgery vacant by the death of Professor Gustav Simon; and Professor Maas, of Breslau, succeeds him at Freiburg.—*Med. Times and Gaz.*, Jan. 27, 1877.

Personal.—Sir James Paget, Bart., has been gazetted Sergeant-Surgeon in Ordinary to the Queen, vice Sir William Fergusson deceased. Mr. Prescott Hewett, President of the Royal College of Surgeons, has been appointed Sergeant-Surgeon Extraordinary, succeeding Sir James Paget in that honourable office; and Mr. John Eric Erichsen, Surgeon to University College Hospital, in recognition of his long and distinguished career as a prac-

tical and scientific surgeon, has been appointed one of her Majesty's Surgeons Extraordinary. It is rumored that Mr. Prescott Hewett will shortly be made a baronet.

OBITUARY RECORD.—At Berlin on the 24th of January, aged 80 years, Dr. Johann Christian Poggendorff, Prof. of Physics at the University of Berlin. Dr. Poggendorff is best known to the profession as the editor of the *Annalen der Physik und Chemie*, which position he filled for fifty-two years and until his death.

— at London, on the 11th of February, aged 69, Sir WILLIAM FERGUSSON, Bart., Sergeant-Surgeon to H. M. the Queen, and Senior Surgeon to King's College Hospital.

Sir William was a Scotshman by birth, and studied medicine at Edinburgh. In 1840 he removed to London to accept the Chair of Surgery in King's College. He was specially distinguished for his advocacy of conservative surgery. He was a skilful, brilliant, and imperturbable operator, and his professional judgment was held in the highest esteem. As an instance of his coolness the following anecdote is told: Once, when operating for the removal of a deep-seated tumour of the neck, a fearful gush of blood announced the severance of a large artery. An assistant promptly thrust his finger into the wound to arrest the flow, when Fergusson coolly said, "Just get your finger out of the way, man, and lets see what it is," and quietly securing the vessel, completed the operation.

His contributions to literature were few, the chiefest of them being his *Practical Surgery*, published in 1842, and his *Progress of Anatomy and Surgery in the 19th Century*, published in 1867. He will always be remembered for those changes and improvements in surgery which he introduced, and which include his operations for hare-lip and cleft-palate, excision of joints (especially of the hip and knee), and removal of the upper jaw with the labio-nasal incision. Sir William was created a baronet in 1866, and in 1867 he was appointed Sergeant-Surgeon to the Queen. In 1870 he was elected President of the Royal College of Surgeons.

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—*St. Louis Med. Record*, March, 1877.

This portly volume is a marvel of condensation. In a style at once clear, interesting, and concise, Dr. Bristow passes in review every conceivable subject connected with the practice of medicine. Those practitioners who purchase few books will find this a most opportune publication, because so many topics not usually embraced in a work on practice are adequately handled. The book is a thoroughly good one, and its usefulness to American readers has been increased by the judicious notes of the Editor.—*Cincinnati Clinic*, Jan. 6, 1877.

But any one who wants a good, clear, condensed work upon Practice, quite up with the most recent views in pathology, will find this a most valuable work. The additions made by Dr. Hutchinson are appropriate and useful, and so well done that we wish there were more of them.—*Am. Practitioner*, Feb. 1877.

It is impossible to look over its pages without being impressed with the amount of information which they have been made to contain, with no appearance of conciseness at the expense of completeness. A superficial survey even shows that, as a text-book, it is far in advance of those published only a few years ago; and a more careful examination of some of its sections—such, for example, as the one devoted to diseases of the nervous system—

demonstrates that in provinces which have accomplished the greatest advances of late years, the author has kept his work quite abreast with the labors of the most reliable clinical observers. Features quite unusual in a purely medical treatise are included in the shape of excellent chapters on diseases of the skin, the affections of the genito-urinary organs in females, which can but result in lessening the tendency on the part of the general practitioner to neglect the important classes of complaints with the feeling that, like derangements of the chief organs of the special senses, they can better be managed by specialists.—*New Remedy*, Nov. 1876.

We recommend highly this book, and feel justified in doing so by the thought that, of its class it is the best we have yet seen. The judicious remarks of the American editor add very much to the value of the work. His jealous guard over American medicine is most praiseworthy: in fact, our only complaint is that so little of his own well-known style appears.—*Obstet. Journ. of Great Britain and Ireland*, Am. Suppl., Nov. 1876.

While he has done what he really intended to do, viz., presented every subject with all possible conciseness and brevity, there is nothing to warrant the conclusion that such a result is due to any want of that thorough preparation and knowledge requisite in a work of greater amplitude and pretension. Indeed, the experienced and candid reader will testify that there are no real evidences of the fact that this work is adapted only to the wants of junior practitioners and students; on the contrary, while the style is concise, it is polished, and conveys, as a rule, what would be demanded by the most experienced practitioners; while the number and variety of subjects discussed is really astonishing. It is a most excellent volume, and will be fully prized by all who possess a copy of it. The American editor has really improved the volume by his additions to it, and deserves warm commendation for his faithful and efficient labors. We have no general works on the practice of medicine that, in many respects, are so fully up to the results of modern researches.—*Journ. of Mental and Nervous Diseases*, Jan. 1877.

HENRY C. LEA, Philadelphia.